

QUARTERLY REPORT
For Cash Aid and Food Stamps

STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF PUBLIC SOCIAL SERVICES

COMPLETE, SIGN AND RETURN THIS FORM BY THE 5TH OF THE MONTH AFTER THE REPORT MONTH

THIS REPORT IS FOR THE MONTH OF

(Bar Code)

CASE NAME:
CASE NUMBER:
FILE/UNIT NUMBER:
WORKER PHONE:

NEED HELP? CALL YOUR WORKER

MAIL BACK TO ADDRESS:

ADDRESSEE:

- ✓ You must report all of the income received in the Report Month of _____, by the 5th day of the following month.
- ✓ If you do not send in a complete QR 7 report, including but not limited to, answering all questions and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. **Attach a separate sheet of paper if needed.** Facts you report may result in your benefits going up, down or stopped.
- ✓ For CalWORKs and Food Stamps, you must notify the county within **10 days** of any change that may affect your eligibility, or the amount of your benefits. **This includes contacting your Worker when your income goes above this amount \$_____ at any time during the quarter, for your AU size of _____. For GR, you must report your changes within 5 days.**
- ✓ If you get food stamps, answer for everyone in your household. If you do not get food stamps, answer for everyone on cash aid, including children, parents, stepparents, your spouse, and anyone absent temporarily from the home.

Request to Stop Benefits (if you fill in this part, sign and date the back of this form. You can reapply at any time.) I ask that my: <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medi-Cal <input type="checkbox"/> State CMSP be stopped on the last day of: _____ (MONTH/YEAR)							
Part 1: What happened <i>IN</i> the Report Month?							
1. Did anyone get income from a job or training program or any other source? (See instructions for example of income) <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", list all income below and attach pay stubs or other proof.							
Who got the income?	Source	Gross amount	\$	\$	\$	\$	\$
		Date received					
		No. of hours worked or in training					
Who got the income?	Source	Gross amount	\$	\$	\$	\$	\$
		Date received					
		No. of hours worked or in training					
2. Did anyone pay for the care of a child, disabled person or other dependent while working, seeking work, or attending school or training? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", list all costs below and attach proof.							
Name of person who received care		Cost \$	Name of person who received care		Cost \$		
3. Did anyone, who gets Food Stamps, pay court-ordered child or spousal support? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", list the amount paid and attach proof.							
Name of person who paid support		Cost \$	Name of person who paid support		Cost \$		
Part 2: What has happened <i>SINCE</i> your last Quarterly Report?							
4. Has anyone moved into or out of your home, or did you move in with someone else? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete below.							
Full name of person		Relationship to you		Explain what happened		Date of Change	
5. Did anyone buy, get, sell, trade or give away any property? (See instructions for examples of property) <input type="checkbox"/> YES <input type="checkbox"/> NO							
Who owns or got rid of the property?		Type of property				Value \$	

COUNTY USE ONLY

EW Initials:

CHANGE ()

NO CHANGE ()

Date:

REPORT WELFARE FRAUD
CALL HOTLINE (800) 349-9970

"YOUR IDENTITY SHALL BE KEPT CONFIDENTIAL"

6. Has anyone in your home been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s) or has anyone been avoiding or running from the law to avoid any felony prosecution, custody, or confinement after conviction, or is anyone in violation of probation or parole? If convicted of a drug-related felony, give date of conviction. If "YES", who? _____ Date of conviction _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
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7. Have any of the following happened to someone in your household? If "YES", list below and attach proof. Attach a separate sheet of paper, if needed. <ul style="list-style-type: none">• Married, divorced or separated?• Became pregnant, had a baby, aborted or miscarried?• Became disabled or recovered from a disability or major illness?• Citizenship or immigration status change, or got a new card, form or letter from USCIS?• Started, stopped, or changed health, dental or life insurance benefits, including MEDICARE coverage?• Student age 16 or older, started or stopped school or college. You may claim costs of tuition, school transportation, etc.• Started or stopped working, refused a job or training, number of hours worked or in training went up or down, or went out on strike?• Started or stopped getting In-Home Supportive Services?• For Cash Aid Only: Child(ren) ages 6-17 stopped or started attending school regularly?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Name of person (s)	Relationship to you	What happened?	Amount	Date of change
			\$	

<div>Part 3: What changes do you <i>EXPECT</i> in the next three months</div>

8. Do you expect any changes in income or expenses (except for housing and utility costs) in the next three months? If "YES", list below and attach proof.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Name of person	Source of income or type of expense	Why will it change?	What do you expect the total amount to be for each of the next 3 months?		
			Month 1	Month 2	Month 3

ADDRESS CHANGE	Fill in this section ONLY if you have moved or have a new mailing address.
NEW Home Address	New Phone ()
Number _____ City _____ State _____ Zip Code _____	
NEW Mailing Address (if different from Home Address)	Date Moved
Number _____ City _____ State _____ Zip Code _____	
Did your housing or utility costs go up or down because of this move? Explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____

CERTIFICATION


I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. And I may be charged with committing a felony if more than \$400 in Cash Aid, Food Stamps, and/or State CMSP is wrongly paid out. I have received a copy of the instructions and Penalties for the Quarterly Eligibility/Status Report for Cash Aid, Food Stamps and State CMSP.

PENALTIES FOR CASH AID FRAUD: If on purpose you do not follow Cash Aid rules, your Cash Aid can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.	PENALTIES FOR FOOD STAMP FRAUD: If on purpose you do not follow Food Stamp rules, your Food Stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years.
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- Your Cash Aid can be stopped:**
- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second offense, or forever for the third.
 - For submitting one or more application(s) to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
 - For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.99; and forever for amounts of \$5,000 or more.
 - Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.
- If you are found guilty in any court of law or administrative hearing because:**
- You traded or sold Food Stamps for firearms, ammunition, or explosives, your Food Stamps can be stopped forever for the first violation.
 - You traded or sold Food Stamps for controlled substances, your Food Stamps can be stopped for 24 months for the first violation and forever for the second.
 - You traded or sold Food Stamps that were worth \$500 or more, your Food Stamps can be stopped forever.
 - You gave the county false identify or residence information, so you can get Food Stamps in more than one case at the same time, your Food Stamps can be stopped for 10 years.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.
I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete for the entire report month.

WHO MUST SIGN BELOW:	For Cash Aid: you, your spouse and the other parent (of cash aided children) if living in the home. Food Stamps: the head of household, adult household member or the household's authorized representative. For CMSP: you, your spouse, or the person acting for the beneficiary.
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SIGNATURE OR MARK 	DATE SIGNED	HOME PHONE ()	CONTACT PHONE ()
SIGNATURE OF SPOUSE OR OTHER PARENT OF AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM	DATE SIGNED